



Pfizer Inc
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Vigo Plant

A05-0045

JUL 05 2001

June 29, 2001

The Performance Track Information Center
c/o Industrial Economics Incorporated
2067 Massachusetts Avenue
Cambridge, MA 02140

Subject: Pfizer Inc, Terre Haute Facility, National Environmental Achievement
Track Application Package Revisions

To Whom It May Concern::

As discussed with Mr. Mark Messersmith by telephone earlier this week, I have revised our application package and am submitting by fax and hard copy for your further consideration copies of the revised pages.

We are looking forward to your response and stand ready to assist your office in any way necessary as you review our application.

Best regards,

A handwritten signature in black ink, appearing to read "D. Rader".

David L. Rader,
Manager, Environmental & Safety

cc: Mr. E. Gray
Mr. M. Garamone
Mr. Mark Messersmith, Fax (312) 353-5374

File: admin/Env Achieve Track.r1



A05-0045

MAY 01 2001

*National
Environmental
Achievement Track*

Application Form

Pfizer Inc. Terre Haute

Name of facility

Name of parent company (if any)

100 Pfizer Drive

Street address

Street address (cont.)

Terre Haute, IN 47802

City/State/Zip code

Give us information about your contact person for the
National Environmental Achievement Track Program.

Name Dave Rader

Title Manager, Environmental & Safety

Phone (812) 299-2121 Ext. 551

Fax (812) 299-6103

E-mail davidrader@pfizer.com

Verano

What do you need to do?

- 1 What do you do or make at your facility?**

- | | | |
|------|---|---|
| SIC | | |
| 2833 | - | - |

NAICS

- Yes [No]

- Fewer than 50
50-99
[100-499]
500-1,000
More than 1,000



5 Does your facility have an EPA ID number(s) ?

[Yes]

No

If yes, list in the right-hand column.

IND 006059075

6 Identify the environmental requirements that apply to your facility. Use the Environmental Requirements Checklist, at the back of the instructions, as a reference. List your requirements to the right or enclose a completed Checklist with your application.

7 Check the appropriate box in the right-hand column.

I've listed the requirements above.

[I've enclosed the Checklist with my application.]

8 Optional: Is there anything else you would like to tell us about your facility?

See attached copy of IDEM
100% Club application
package and membership notice.

Why do we need this information?

Facilities must have an operating Environmental Management System (EMS) that meets certain requirements.

What do you need to do?

- Confirm that your EMS meets the Achievement Track requirements.
- Tell us if you have completed a self-assessment or have had a third-party assessment of your EMS.

1 Check yes if your EMS meets the requirements for each element below as defined in the instructions.

a. Environmental policy _____ [Yes]

b. Planning _____ [Yes]

c. Implementation and operation _____ [Yes]

d. Checking and corrective action _____ [Yes]

e. Management review _____ [Yes]

2 Have you completed at least one EMS cycle (plan-do-check-act)? [Yes]

3 Did this cycle include both an EMS and a compliance audit? [Yes]

4 Have you completed an objective self-assessment or third-party assessment of your EMS? [Yes]

If yes, what method of EMS assessment did you use?

Self-assessment

GEMI

Other

CEMP

Corporate EHS

Third-party assessment

ISO 14001 Certification

Other IDEM review

Why do we need this information?

Facilities must show that they are committed to improving their environmental performance. This means that you can describe past achievements and will make future commitments.

What do you need to do?

Refer to the Environmental Performance Table in the instructions to answer questions 1 and 2.

Section C

Tell us about your past achievements and future commitments.

- 1** Describe your past achievements for at least two environmental aspects. If you need more space than is provided, attach copies of this page.

Note to small facilities: If you qualify as a small facility as defined in the instructions, you are required to report past achievement for at least one environmental aspect.

First aspect you've selected

What aspect have you selected?	What was the previous level (2 years ago)? (1998)		What is the current level? (2000)	
	Quantity	Units	Quantity	Units
Release History	0	Reportable Releases	0	Reportable Releases
i. How is the current level an improvement over the previous level?				
<u>Our perpetual goal is zero. Underlying this is our goal of reducing non-reportable releases. These were reduced from 15 non-reportable releases in 1996 to 3 in 2000.</u>				
ii. How did you achieve this improvement?				
<u>Employee training, construction of secondary containment, tank farm upgrade and investigation of all non-reportable small releases for root cause and corrective action.</u>				

Section C, continued

Second aspect you've selected

What aspect have you selected?	What was the previous level (2 years ago)? (1998)	What is the current level? (2000)
	Quantity lb.	Quantity lb.
Total Solid Waste	8,055,797	5,567,470
<p>i. How is the current level an improvement over the previous level?</p> <p><u>Production improvement & increased emphasis on recycling.</u></p>		
<p>ii. How did you achieve this improvement?</p> <p><u>Increased antibiotic yields to reduce mycelium volume per unit antibiotic; recycling of paper, corrugate, metals; increased use of bulk raw materials over bagged RM's; recycling of fly ash in cement.</u></p>		

- 2 Select at least four environmental aspects (no more than two from any one category) from the Environmental Performance Table in the instructions and then tell us about your future commitments. If you need more space than is provided, attach copies of this section.

Note to small facilities: If you are a small facility, you are required to make commitments for at least two environmental aspects in two different categories.

First aspect you've selected

a. What is the aspect?

Habitat Impacts

b. Is this aspect identified as significant in your EMS?

(Yes)

No

c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.

Option A:
Absolute value

0 acres of
(Quantity/Units)

Option B:
In terms of
units of production
or output

functional habitat
(Quantity/Units)

d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute value or in terms of units of production or output.

Option A:
Absolute value

30 acres functional
(Quantity/Units) habitat

Option B:
In terms of units
of production
or output

(Quantity/Units)

e. How will you achieve this improvement?

Removal and control of exotic
and invasive plants; silvicultural
control (controlled burns & clearing
re-establish natural indigenous
species competition.

Second aspect you've selected

a. What is the aspect?

Remediation

b. Is this aspect identified as significant in your EMS?

(Yes) No

c. What is the current level? You may choose to state this as an absolute value or in terms of units of production or output.

Option A: 0 acres of remediated
Absolute value (Quantity/Units) landfill.

Option B:
In terms of units
of production
or output

(Quantity/Units)

d. What is the improvement you are committing to over the next three years? You may choose to state this as an absolute level or in terms of units of production or output.

Option A: 34 acres of remediated
Absolute value (Quantity/Units) landfill.

Option B:
In terms of units
of production
or output

(Quantity/Units)

e. How will you achieve this improvement?

Phase I & II Investigations will
be done & remedial plan implemented
under Indiana VRP program.

Acceptance into VRP may be approved by IDEM only if the
project is not otherwise required by rule or order.

SECRET

- ### Total Energy Use

System A:
Absolute value 729,261 mm BTU
(Quantity/Units)

Option B:
In terms of units
of production
or output

(Quantity/Units)

Option A:
Absolute value 692,798 mm BTU
(Quantity/Units)

Option B:
in terms of units
of production
or output

(Quantity/Units)

Replace three, #6 Fuel oil fired boiler
fuel oil fired boilers. Cuts hot standby
time #6 oil tank; increases boiler
own capability to reduce steam venting.

Total Solid Waste

- (Yes) No

Option A: $\frac{5,567,470 \text{ lbs.}}{(\text{Quantity/Units})}$

Option 8: In terms of units of production or output	(Quantity/Units)
--	------------------

Option A:
Absolute value $\frac{4,175,000 \text{ lbs.}}{(\text{Quantity/Units})}$

Option B: In terms of units of production or output	(Quantity/Units)
--	------------------

Elimination of mycelium filter cake;
developing reliable source for fly ash
recycling; optimize boiler use to
minimize coal use. Recycle insulin
packaging.

Why do we need this information?

Facilities must demonstrate their commitment to public outreach and performance reporting. You should have appropriate mechanisms in place to identify community concerns, to communicate with the public, and to provide information on your environmental performance.

What do you need to do?

- Describe your approach to public outreach.
- List three references who are familiar with your facility.

1 How do you identify and respond to community concerns?

Member of LEPC; contacts with
habitat restoration partners;
employee outreach; support of
Audubon Chapter; dialogue with
local government and community
organizations.

2 How do you inform community members of important matters that affect them?

Direct contact; press releases;
meetings; membership in local
organizations.

3 How will you make the Achievement Track Annual Performance Report available to the public?

Website www.pfizer.com/ehs/

(Newspaper)

Open Houses

Other

Employee briefings IDEM

Notification

Section D

*Tell us about your public
outreach and reporting.*



4 Are there any ongoing citizen suits against your facility?

Yes [No]

If yes, describe briefly in the right-hand column.

5 List references below.

	Organization	Name	Phone number
Representative of a Community/ Citizen Group	Audubon Society	Dr. Peter Scott	(812) 237-2403
State/Local regulator	Vigo County Air Pollution Control	George Needham	(812) 462-3433
Other community/local reference	Vigo County Parks Department	Keith Ruble	(812) 462-3392

Section E

Application and Participation Statement

On behalf of Pfizer Inc., Terre Haute
[my facility],

I certify that

- I have read and agree to the terms and conditions, as specified in the *National Environmental Achievement Track Program Description* and in the *Application Instructions*;
- I have personally examined and am familiar with the information contained in this Application (including, if attached, the Environmental Requirements Checklist). The information contained in this Application is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete, and I have no reason to believe the facility would not meet all program requirements;
- My facility has an environmental management system (EMS), as defined in the Achievement Track EMS requirements, including systems to maintain compliance with all applicable federal, state, tribal, and local environmental requirements, in place at the facility, and the EMS will be maintained for the duration of the facility's participation in the program;
- My facility has conducted an objective assessment of its compliance with all applicable federal, state, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;
- Based on the foregoing compliance assessment and subsequent corrective actions (if any were necessary), my facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable federal, state, tribal, and local environmental requirements.

I agree that EPA's decision whether to accept participants into or remove them from the National Environmental Achievement Track is wholly discretionary, and I waive any right that may exist under any law to challenge EPA's acceptance or removal decision.

I am the senior facility manager and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is applying to this program.

Signature/Date

Ed Gray

4/26/01

Printed Name/Title

Ed Gray, Plant Manager

Facility Name

Pfizer Inc., Terre Haute

Facility Street Address

100 Pfizer Drive, Terre Haute, IN 47802

Facility ID Numbers

IND 006059075

National Environmental Achievement Track

Environmental Requirements Checklist

The following *Checklist* is provided to assist facilities in answering *Section A, Tell us about your facility,* Question 6. The *Checklist* is given to help facilities identify the major federal, state, tribal, and local environmental requirements applicable at their facilities. The *Checklist* is not intended to be an exhaustive list of all environmental requirements that may be applicable at an individual facility. .

If you use this *Checklist* and choose to submit it with your application, fill in your facility information below and enclose the completed *Checklist* with your application (see instructions).

Facility Name: Pfizer Inc.

Facility Location: Terre Haute, IN

Facility ID Number(s): IND 006059075
(attach additional sheets if necessary)

Air Pollution Regulations

Check All
That Apply

- | | | |
|-----|--|-------------------------------------|
| 1. | National Emission Standards for Hazardous Air Pollutants (40 CFR 61) | <input checked="" type="checkbox"/> |
| 2. | Permits and Registration of Air Pollution Sources | <input checked="" type="checkbox"/> |
| 3. | General Emission Standards, Prohibitions and Restrictions | <input checked="" type="checkbox"/> |
| 4. | Control of Incinerators | <input type="checkbox"/> |
| 5. | Process Industry Emission Standards | <input checked="" type="checkbox"/> |
| 6. | Control of Fuel Burning Equipment | <input checked="" type="checkbox"/> |
| 7. | Control of VOCs | <input checked="" type="checkbox"/> |
| 8. | Sampling, Testing and Reporting | <input checked="" type="checkbox"/> |
| 9. | Visible Emissions Standards | <input checked="" type="checkbox"/> |
| 10. | Control of Fugitive Dust | <input checked="" type="checkbox"/> |
| 11. | Toxic Air Pollutants Control | <input checked="" type="checkbox"/> |
| 12. | Vehicle Emissions Inspections and Testing | <input type="checkbox"/> |

Other Federal, State, Tribal or Local Air Pollution Regulations Not Listed Above (identify)

13. Indiana equivalent rules ☒

14. _____ ☐

Hazardous Waste Management Regulations

- | | | |
|----|--|-------------------------------------|
| 1. | Identification and Listing of Hazardous Waste (40 CFR 261) | <input checked="" type="checkbox"/> |
| | - Characteristic Waste | <input checked="" type="checkbox"/> |
| | - Listed Waste | <input checked="" type="checkbox"/> |
| 2. | Standards Applicable to Generators of Hazardous Waste (40 CFR 262) | <input checked="" type="checkbox"/> |
| | - Manifesting | <input checked="" type="checkbox"/> |
| | - Pre-transport requirements | <input checked="" type="checkbox"/> |
| | - Record keeping/reporting | <input checked="" type="checkbox"/> |
| 3. | Standards Applicable to Transporters of Hazardous Waste (40 CFR 263) | <input type="checkbox"/> |
| | - Transfer facility requirements | <input type="checkbox"/> |
| | - Manifest system and record-keeping | <input type="checkbox"/> |
| | - Hazardous waste discharges | <input type="checkbox"/> |
| 4. | Standards for Owners and Operators of TSD Facilities (40 CFR 264) | <input type="checkbox"/> |
| | - General facility standards | <input type="checkbox"/> |
| | - Preparedness and prevention | <input type="checkbox"/> |
| | - Contingency plan and emergency procedures | <input type="checkbox"/> |
| | - Manifest system, Record keeping and reporting | <input type="checkbox"/> |
| | - Groundwater protection | <input type="checkbox"/> |
| | - Financial requirements | <input type="checkbox"/> |
| | - Use and management of containers | <input type="checkbox"/> |
| | - Tanks | <input type="checkbox"/> |
| | - Waste piles | <input type="checkbox"/> |
| | - Land treatment | <input type="checkbox"/> |
| | - Incinerators | <input type="checkbox"/> |
| 5. | Interim Status Standards for TSD Owners and Operators (40 CFR 265) | <input type="checkbox"/> |
| 6. | Interim Standards for Owners and Operators of New Hazardous Waste
Land Disposal Facilities (40 CFR 267) | <input type="checkbox"/> |
| 7. | Administered Permit Program (Part B) (40 CFR 270) | <input type="checkbox"/> |

Other Federal, State, Tribal or Local Hazardous Waste Management Regulations Not Listed Above (identify)

- | | | |
|----|---------------------------------|-------------------------------------|
| 8. | <u>Indiana equivalent rules</u> | <input checked="" type="checkbox"/> |
| 9. | <u></u> | <input type="checkbox"/> |

Hazardous Materials Management

- | | | |
|----|--|-------------------------------------|
| 1. | Control of Pollution by Oil and Hazardous Substances (33 CFR 153) | <input type="checkbox"/> |
| 2. | Designation of Reportable Quantities and Notification of Hazardous
Materials Spill (40 CFR 302) | <input checked="" type="checkbox"/> |
| 3. | Hazardous Materials Transportation Regulations (49 CFR 172-173) | <input checked="" type="checkbox"/> |
| 4. | Worker Right-to-Know Regulations (29 CFR 1910.1200) | <input checked="" type="checkbox"/> |
| 5. | Community Right-to-Know Regulations (40 CFR 350-372) | <input checked="" type="checkbox"/> |

Other Federal, State, Tribal or Local Hazardous Materials Management Regulations Not Listed Above (identify)

6. Indiana equivalent rules ☒
7. _____ ☐

Solid Waste Management

- | | | |
|----|---|-------------------------------------|
| 1. | Criteria for Classification of Solid Waste Disposal Facilities and Practices (40 CFR 257) | <input type="checkbox"/> |
| 2. | Permit Requirements for Solid Waste Disposal Facilities | <input type="checkbox"/> |
| 3. | Installation of Systems of Refuse Disposal | <input type="checkbox"/> |
| 4. | Solid Waste Storage and Removal Requirements | <input checked="" type="checkbox"/> |
| 5. | Disposal Requirements for Special Wastes | <input checked="" type="checkbox"/> |

Other Federal, State, Tribal or Local Solid Waste Management Regulations Not Listed Above (identify)

6. Indiana equivalent rules ☒
7. _____ ☐

Water Pollution Control Requirements

- | | | |
|-----|--|-------------------------------------|
| 1. | Oil Spill Prevention Control and Countermeasures (SPCC) (40 CFR 112) | <input checked="" type="checkbox"/> |
| 2. | Designation of Hazardous Substances (40 CFR 116) | <input checked="" type="checkbox"/> |
| 3. | Determination of Reportable Quantities for Hazardous Substances
(40 CFR 117) | <input checked="" type="checkbox"/> |
| 4. | NPDES Permit Requirements (40 CFR 122) | <input checked="" type="checkbox"/> |
| 5. | Toxic Pollutant Effluent Standards (40 CFR 129) | <input checked="" type="checkbox"/> |
| 6. | General Pretreatment Regulations for Existing and New Sources (40 CFR 403) | <input type="checkbox"/> |
| 7. | Organic Chemicals Manufacturing Point Source Effluent Guidelines
and Standards (40 CFR 414) | <input type="checkbox"/> |
| 8. | Inorganic Chemicals Manufacturing Point Source Effluent Guidelines
and Standards (40 CFR 415) | <input type="checkbox"/> |
| 9. | Plastics and Synthetics Point Source Effluent Guidelines and Standards
(40 CFR 416) | <input type="checkbox"/> |
| 10. | Water Quality Standards | <input checked="" type="checkbox"/> |
| 11. | Effluent Limitations for Direct Dischargers | <input checked="" type="checkbox"/> |
| 12. | Permit Monitoring/Reporting Requirements | <input checked="" type="checkbox"/> |
| 13. | Classifications and Certifications of Operators and Superintendents
of Industrial Wastewater Plants | <input checked="" type="checkbox"/> |
| 14. | Collection, Handling, Processing of Sewage Sludge | <input checked="" type="checkbox"/> |
| 15. | Oil Discharge Containment, Control and Cleanup | <input checked="" type="checkbox"/> |
| 16. | Standards Applicable to Indirect Discharges (Pretreatment) | <input type="checkbox"/> |

Other Federal, State, Tribal or Local Water Pollution Control Regulations Not Listed Above (identify)

17. Indiana equivalent rules ☒
18. _____ ☐

Drinking Water Regulations

1. **Underground Injection and Control Regulations, Criteria and Standards (40 CFR 144, 146)** ☐
2. **National Primary Drinking Water Standards (40 CFR 141)** ☒
3. **Community Water Systems, Monitoring and Reporting Requirements (40 CFR 141)** ☐
4. **Permit Requirements for Appropriation/Use of Water from Surface or Subsurface Sources** ☐
5. **Underground Injection Control Requirements** ☐
6. **Monitoring, Reporting and Record keeping Requirements for Community Water Systems** ☐

Other Federal, State, Tribal or Local Drinking Water Regulations Not Listed Above (identify)

7. Noncommunity water system rules ☒
8. Indiana equivalent rules ☒

Toxic Substances

1. **Manufacture and Import of Chemicals, Record keeping and Reporting Requirements (40 CFR 704)** ☐
2. **Import and Export of Chemicals (40 CFR 707)** ☐
3. **Chemical Substances Inventory Reporting Requirements (40 CFR 710)** ☐
4. **Chemical Information Rules (40 CFR 712)** ☐
5. **Health and Safety Data Reporting (40 CFR 716)** ☐
6. **Pre-Manufacture Notifications (40 CFR 720)** ☐
7. **PCB Distribution Use, Storage and Disposal (40 CFR 761)** ☒
8. **Regulations on Use of Fully Halogenated Chlorofluorocarbons (40 CFR 762)** ☐
9. **Storage and Disposal of Waste Material Containing TCDD (40 CFR 775)** ☐

Other Federal, State, Tribal or Local Toxic Substances Regulations Not Listed Above (identify)

10. Indiana equivalent rules ☒
11. Part 717, Subpart A, "Records & Reports of Allegations..." ☒

Pesticide Regulations

- | | | |
|----|--|--------------------------|
| 1. | FIFRA Pesticide Use Classification (40 CFR 162) | <input type="checkbox"/> |
| 2. | Procedures for Disposal and Storage of Pesticides and Containers
(40 CFR 165) | <input type="checkbox"/> |
| 3. | Certification of Pesticide Applications (40 CFR 171) | <input type="checkbox"/> |
| 4. | Pesticide Licensing Requirements | <input type="checkbox"/> |
| 5. | Labeling of Pesticides | <input type="checkbox"/> |
| 6. | Pesticide Sales, Permits, Records, Application and Disposal Requirements | <input type="checkbox"/> |
| 7. | Disposal of Pesticide Containers | <input type="checkbox"/> |
| 8. | Restricted Use and Prohibited Pesticides | <input type="checkbox"/> |

Other Federal, State, Tribal or Local Pesticides Regulations Not Listed Above (*identify*)

- | | | |
|-----|-------|--------------------------|
| 9. | _____ | <input type="checkbox"/> |
| 10. | _____ | <input type="checkbox"/> |

Environmental Clean-Up, Restoration, Corrective Action

- | | | |
|----|---|--------------------------|
| 1. | Comprehensive Environmental Response, Compensation and Liability
Act (Superfund) (<i>identify</i>) | |
| | _____ | <input type="checkbox"/> |
| | _____ | <input type="checkbox"/> |
| 2. | RCRA Corrective Action (<i>identify</i>) | |
| | _____ | <input type="checkbox"/> |
| | _____ | <input type="checkbox"/> |

Other Federal, State, Tribal or Local Environmental Clean-Up, Restoration, Corrective Action Regulations Not Listed Above (*identify*)

- | | | |
|----|-------|--------------------------|
| 3. | _____ | <input type="checkbox"/> |
| 4. | _____ | <input type="checkbox"/> |